

# HOUSE . . . . . No. 4342

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, July 31, 2025.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1309) of Lindsay N. Sabadosa relative to reimbursements of costs for medically appropriate evaluations and management services in outpatient settings, reports recommending that the accompanying bill (House, No. 4342) ought to pass.

For the committee,

JAMES M. MURPHY.

**HOUSE . . . . . No. 4342**

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**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**

An Act assuring prompt access to health care.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1           SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after  
2 section 34 the following section:

3           Section 35: Reimbursement of costs for medically appropriate evaluation and  
4 management services in outpatient settings, including but not limited to office- and hospital-  
5 based clinics, in accordance with guidelines developed by the division of insurance, shall be part  
6 of a basic benefits package offered by the insurer or a third party and shall not require a  
7 deductible; provided, however, that deductibles shall be required if the applicable plan is  
8 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result  
9 of the prohibition on deductibles for these services.

10          SECTION 2. Chapter 32B of the General Laws is hereby amended by inserting after  
11 section 29 the following section:

12          Section 30: Reimbursement of costs for medically appropriate evaluation and  
13 management services in outpatient settings, including but not limited to office- and hospital-

14 based clinics, in accordance with guidelines developed by the division of insurance, shall be part  
15 of a basic benefits package offered by the insurer or a third party and shall not require a  
16 deductible; provided, however, that deductibles shall be required if the applicable plan is  
17 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result  
18 of the prohibition on deductibles for these services.

19 SECTION 3. Chapter 175 of the General Laws is hereby amended by inserting, before  
20 section 47CCC, the following section:-

21 Section 47AAA: Reimbursement of costs for medically appropriate evaluation and  
22 management services in outpatient settings, including but not limited to office- and hospital-  
23 based clinics, in accordance with guidelines developed by the division of insurance, shall be part  
24 of a basic benefits package offered by any blanket or general policy of insurance described in  
25 subdivision (A), (C), or (D) of section one hundred and ten which is issued or subsequently  
26 renewed by agreement between the insurer and the policyholder, within or without the  
27 commonwealth, during the period within which this premium is effective, or any policy of  
28 accident or sickness insurance as described in section one hundred and eight which provides  
29 hospital expense and surgical expense insurance and which is delivered or issued for delivery or  
30 subsequently renewed by agreement between the insurer and the policyholder in the  
31 commonwealth, during the period within which this provision is effective, or any employers'  
32 health and welfare fund which provides hospital expense and surgical expense benefits and  
33 which is issued or renewed to any person or group of persons in the commonwealth, during the  
34 period within which this provision is effective, and shall not require a deductible; provided,  
35 however, that deductibles shall be required if the applicable plan is governed by the Federal

36 Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on  
37 deductibles for these services.

38 SECTION 4. Chapter 176A of the General Laws is hereby amended by inserting after  
39 section 8DDD, the following section:-

40 Section 8EEE: Reimbursement of costs for medically appropriate evaluation and  
41 management services in outpatient settings, including but not limited to office- and hospital-  
42 based clinics, in accordance with guidelines developed by the division of insurance, shall be part  
43 of a basic benefits package offered by the insurer or a third party and shall not require a  
44 deductible; provided, however, that deductibles shall be required if the applicable plan is  
45 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result  
46 of the prohibition on deductibles for these services.

47 SECTION 5. Chapter 176B of the General Laws is hereby amended by inserting after  
48 section 4DDD the following section:-

49 Section 4EEE: Reimbursement of costs for medically appropriate evaluation and  
50 management services in outpatient settings, including but not limited to office- and hospital-  
51 based clinics, in accordance with guidelines developed by the division of insurance, shall be part  
52 of a basic benefits package offered by the insurer or a third party and shall not require a  
53 deductible; provided, however, that a deductible shall be required if the applicable plan is  
54 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result  
55 of the prohibition on deductibles for these services.

56 SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting after  
57 section 33 the following section:-

58           Section 34: Reimbursement of costs for medically appropriate evaluation and  
59 management services in outpatient settings, including but not limited to office- and hospital-  
60 based clinics, in accordance with guidelines developed by the division of insurance, shall be part  
61 of a basic benefits package offered by the insurer or a third party and shall not require a  
62 deductible; provided, however, that a deductible shall be required if the applicable plan is  
63 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result  
64 of the prohibition on deductibles for these services.